

# PHAPlans

5YearPlanforFiscalYears2003 -2007  
AnnualPlanforFiscalYear2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBE COMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## **PHA Plan Agency Identification**

**PHAName:** Coos-Curry Housing Authority

**PHANumber:** OR020

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2003

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2003 -2007**

**A.Mission**

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is to:
1. Provide, safe, decent and adequate housing for eligible low -income residents of the counties of Coos and Curry.
  2. Actively pursue grants and other funding that enhance the lives of our residents and their families and/or increase the affordable housing stock within the CCHA operating area.
  3. Provide an organized and professional structure of record keeping systems and case management; to provide efficient accessibility and sensitivity to the needs of low income housing residents.

**B.Goals**

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing
- Objectives:
- ☒ Apply for additional rental vouchers:
  - ☒ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities:
  - ☒ Acquire or build units or developments
  - ☐ Other (list below)

- ☒ PHAGoal:Improvethethequalityoffassistedhousing  
Objectives:
- ☒ Improvepublichousingmanagement:(PHASscore)94
  - ☐ Improvevouchermanagement:(SEMAPscore)100
  - ☒ Increasecustomersatisfaction:
  - ☐ Concentrateoneffortstoimprovespecificmanagementfunctions:  
(list;e.g.,publichousingfinance; voucherunitinspections)
  - ☐ Renovateormodernizepublichousingunits:
  - ☐ Demolishordisposeofobsoletepublichousing:
  - ☐ Providereplacementpublichousing:
  - ☐ Providereplacementvouchers:
  - ☐ Other:(listbelow)

- ☒ PHAGoal:Increaseassistedhousingchoices  
Objectives:
- ☐ Providevoucher mobilitycounseling:
  - ☒ Conductoutreacheffortstopotentialvoucherlandlords
  - ☐ Increasevoucherpaymentstandards
  - ☒ Implementvoucherhomeownershipprogram:
  - ☐ Implementpublichousingorotherhomeownershipprograms:
  - ☐ Implementpublichousing site -basedwaitinglists:
  - ☐ Convertpublichousingtovouchers:
  - ☐ Other:(listbelow)

**HUDStrategicGoal:Improvecommunityqualityoflifeandeconomicvitality**

- ☐ PHAGoal:Provideanimprovedlivingenvironment  
Objectives:
- ☐ Implementmeasurestodeconcentratepovertybybringinghigherincome  
publichousinghouseholdsin tolowerincomedevelopments:
  - ☐ Implementmeasurestopromoteincomemixinginpublichousingby  
assuringaccessforlowerincomefamiliesinto higherincome  
developments:
  - ☐ Implementpublichousingsecurityimprovements:
  - ☐ Designateddevelopmentsorbuildingsforparticularresiden tgroups  
(elderly, personswith disabilities)
  - ☐ Other:(listbelow)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☒ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

## AnnualPHAPlan PHAFiscalYear2003

### **i. Annual PlanType:**

☐ **StandardPlan**

#### **StreamlinedPlan:**

- ☒ **HighPerformingPHA**  
☐ **SmallAgency(<250PublicHousingUnits)**  
☐ **AdministeringSection8Only**

☐ **TroubledAgencyPlan**

### **ExecutiveSummary**

WehaveagreedtoimplementtheSection8VoucherHomeownershipprogram.Weavesetasidefive voucherstograduatesofaWomen’sCrisisServiceprogramandServicestoChildrenandFamiliesprogram

### **iii. AnnualPlanTableofContents**

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#### **Attachments**

**Required Attachments:**

- ☒ Admissions Policy for Deconcentration: Attachment A -1
- ☒ Section 8 Homeownership Capacity: Attachment A -2
- ☒ Voluntary Conversion Assessment: Attachment B
- ☒ PHA Management Organizational Chart: Attachment C
- ☒ Pet Policy Information: Attachment D
- ☒ Membership and Comments of Resident Advisory Board; Attachment E -1
- ☒ Resident Membership of the CCHA Governing Board; Attachment E -2
- ☒ Statement of Progress on 5 -Year Plan: Attachment E -3

**Voluntary Attachments: Table Library**

- ☒ FY2003 Capital Fund Program Annual Statement
- ☒ FY2003 Capital Fund Program Progress Report
- ☒ FY2003 Capital Fund Program 5 -Year Action Plan

**Supporting Documents Available for Review**

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
√	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
√	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
√	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
√	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
√	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
√	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certification of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
√	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
√	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
√	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach	Annual Plan: Operations and Maintenance



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	infestation)	
√	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
√	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
√	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
√	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
√	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
√	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
√	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
√	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

### A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income ≤ 30% of AMI	2,252	4	1	4	2	3	4
Income > 30% but ≤ 50% of AMI	1,965	4	1	4	2	3	4
Income > 50% but < 80% of AMI	2,564	3	2	3	2	2	3
Elderly	1,754	4	3	3	3	2	4
Families with Disabilities	Not Avail.						
Black	0	4	1	4	2	3	4
Hispanic	80	4	1	4	2	3	4
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☐ Consolidated Plan of the Jurisdiction/s  
Indicate year:
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☐ Other sources: (list and indicate year of information)

### B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

HousingNeedsofFamiliesontheWaitingList			
Waitinglisttype:(selectone)			
<input type="checkbox"/> Section8tenant -basedassistance <input checked="" type="checkbox"/> PublicHousing <input type="checkbox"/> CombinedSection8andPublicHousing <input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional) Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualTurnover
Waitinglisttotal	157		20
Extremelylow income<=30% AMI	123	78.34	
Verylowincome (>30%but<=50% AMI)	29	18.47	
Lowincome (>50%but<80% AMI)	5	3.19	
Familieswith children	60	38.21	
Elderlyfamilies	37	23.57	
Familieswith Disabilities	32	20.38	
Non-Hispanic	153	97.45	
Hispanic	4	2.55	
White	149	94.90	
Black	0	0	
Indian/Alaskan	0	0	
Asian	3	1.92	
Other	5	3.18	
Characteristicsby BedroomSize (PublicHousing Only)		Somehouseholdson morethanonelist.	
1BR	88	56.05	2
2BR	64	40.76	12
3BR	10	6.37	5
4BR	1	0.63	1
5BR	NA	NA	NA
5+BR	NA	NA	NA

HousingNeedsofFamiliesontheWaitingList	
Isthewaitinglistclosed(selectone)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Ifyes:	
Howlong hasitbeenenclosed(#ofmonths)?	
DoesthePHAexpecttoreopenthelistinthePHAPlanyear? <input type="checkbox"/> No <input type="checkbox"/> Yes	
DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenif generallyclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes	

HousingNeedsofFamiliesontheWaitingList			
Waitinglisttype:(selectone)			
<input checked="" type="checkbox"/> Section8tenant -basedassistance			
<input type="checkbox"/> PublicHousing			
<input type="checkbox"/> Co mbinedSection8andPublicHousing			
<input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional)			
Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualTurnover
Waitinglisttotal	440		240
Extremelylow income<=30% AMI	366	83.18	
Verylowincome (>30%but<=50% AMI)	74	16.82	
Lowincome (>50%but<80% AMI)	0	0	
Familieswith children	202	45.91	
Elderlyfamilies	84	19.09	
Familieswith Disabilities	70	15.91	
Non-Hispanic	418	95.00	
Hispanic	22	5.00	
White	405	92.05	
Black	5	1.14	
Indian/Alaskan	15	3.41	
Asian	6	1.36	
Isthewaitinglistclosed(selectone)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Ifyes:			
Howlonghasitbeenenclosed(#ofmonths)?			
DoesthePHAexpecttoreopenthelistinthePHAPlanyear? <input type="checkbox"/> No <input type="checkbox"/> Yes			
DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenif generallyclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C.StrategyforAddressingNeeds

ProvideabriefdescriptionofthePHA'sstrategyforaddressingthehousingneedsoffamiliesinthe jurisdictionandonthewaitinglist **INTHEUPCOMINGYEAR** ,andtheAgency'sreasonsforchoosing thisstrategy.

#### (1)Strategies

#### **Need:Shortageofaffordablehousingforalleligiblepopulations**

#### **Strategy1.MaximizethenumberofaffordableunitsavailabletothePHAwithin itscurrentresourcesby:**

Selectallthatapply

- ☒ Employeffectivema intenanceandmanagementpoliciestominimizethenumber ofpublichousingunitsoff -line
- ☒ Reduceturnovertimeforvacatedpublichousingunits
- ☐ Reducetimetorenovatepublichousingunits
- ☐ Seekreplacementofpublichousingunitslosttotheinventorythroughmixed financedevelopment
- ☐ Seekreplacementofpublichousingunitslosttotheinventorythroughsection8 replacementhousingresources
- ☒ Maintainorincreasese ction8lease -upratesbyestablishingpaymentstandards thatwillenablefamieliestorentthroughoutthejurisdiction
- ☒ Undertakemeasurestoensureaccesstoaffordablehousingamongfamilies assistedbythePHA,regardlessounitsizerequired
- ☒ Maintainorincreasesection8lease -upratesbymarketingtheprogramtoowners, particularlythoseoutsideofareasofminorityandpovertyconcentration
- ☒ Maintainorincreasesection8lease -upratesbyeffecti velyscreeningSection8 applicantstoincreaseowneracceptanceofprogram
- ☐ ParticipateintheConsolidatedPlandevelopmentprocesstoensurecoordination withbroadercommunitystrategies
- ☐ Other(listbelow)

#### **Strategy2:Increasethenumberofaffordablehousingunitsby:**

Selectallthatapply

- ☒ Applyforadditionalsection8unitsshouldtheybecomeavailable
- ☐ Leverageaffordablehousingresourcesinthecommunitythroughthecreat ion ofmixed -financehousing
- ☒ PursuehousingresourcesotherthanpublichousingorSection8tenant -based assistance.
- ☐ Other:(listbelow)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30% of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☒ Apply for special -purpose voucher targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☒ Apply for special -purpose voucher targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty/minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☒ Results of consultation with advocacy groups
- ☐ Other: (list below)

## 2. Statement of Financial Resources

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2003 grants)</b>		
a) Public Housing Operating Fund	138,000	
b) Public Housing Capital Fund	130,000	
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant -Based Assistance	3,500,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self - Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>FSS Coordinator</b>	38,000	Operations
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	72,500	Operations
<b>4. Other income (list below)</b>	11,500	Operations
Interest and miscellaneous income		
<b>4. Non -federal sources (list below)</b>		
<b>Total resources</b>	3,890,000	



### **3.PHAPoliciesGoverningEligibility,Selection,andAdmissions**

[24CFRPart903.79(c)]

#### **A.PublicHousing**

Exemptions: PHA that do not administer public housing are not required to complete subcomponent 3A.

##### **(1)Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: At time of application

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug -related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC - authorized source)

##### **(2)WaitingListOrganization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☐ Community-wide list
- ☒ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development/site management office
- ☐ Other (list below)

c. If the PHA plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3)Assignment**

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (Select one)

- ☐ One  
☐ Two  
☒ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer take precedence over new admissions? (list below)

- ☒ Emergencies  
☒ Overhoused  
☒ Underhoused  
☒ Medical justification  
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)  
☐ Resident choice: (state circumstances below)  
☐ Other: (list below)

c. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA - resident lease  
☒ The PHA's Admissions and (Continued) Occupancy policy  
☒ PHA briefing seminars or written materials  
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal
- ☒ Anytime family composition changes
- ☐ At family request for revision
- ☐ Other (list)

#### **(6) Deconcentration and Income Mixing**

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

NA. Only one family project. **Also see Attachment A**

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

### **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub -component 3B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

#### **(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug -related activity only to the extent required by law or regulation
- ☐ Criminal and drug -related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug -related activity (list factors below)
- ☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC - authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☒ Criminal or drug -related activity
- ☒ Other: Previous landlord information

## **(2)WaitingListOrganization**

a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)

- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project -based certificate program
- ☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)

- ☒ PHA main administrative office
- ☐ Other (list below)

## **(3)SearchTime**

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60 -day period to search for a unit?

In almost all circumstances when a household is actively seeking housing.

## **(4)AdmissionsPreferences**

a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5)Special purpose section 8 assistance programs**)

## **(5)Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special -purpose section 8 program administered by the PHA contained? (Select all that apply)

- ☒ The Section 8 Administrative Plan
- ☐ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special -purpose section 8 programs to the public?

- ☒ Through published notices
- ☐ Other (list below)

## **4.PHARentDeterminationPolicies**

## A. Public Housing

Exemptions: PHA that do not administer public housing are not required to complete sub -component 4A.

### (1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

#### a. Use of discretionary policies: (select one)

☒ The PHA will not employ any discretionary rent -setting policies for income based rent in public housing. Income -based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub -component (2))

---or---

☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

#### b. Minimum Rent

##### 1. What amount best reflects the PHA's minimum rent? (select one)

- ☒ \$0  
☐ \$1-\$25  
☐ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

#### c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

#### d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent -setting policy)  
If yes, state amount/s and circumstances below w:

☐ Fixed percentage (other than general rent -setting policy)  
If yes, state percentage/s and circumstances below:

- ☐ Forhouseholdheads
- ☐ Forotherfamilymembers
- ☐ Fortransportationexpenses
- ☐ Forthenon -reimbursedmedicalexpensesofnon -disabledornon -elderly families
- ☐ Other(describbelow)

e.Ceilingrents

1. Doyouhaveceilingrents?(rentssetatalevellowerthan30%ofadjustedincome)  
(selectone)

- ☐ Yesforalldevelopments
- ☐ Yesbutonlyforsomeddevelopments
- ☒ No

f.Rentre -determinations:

- 1.Betweenincomereexaminations,howoftenmusttenantsreportchangesinincome  
orfamilycompositiontothePHAsuchthatthechangesresultinanadjustmentto  
rent?(selectallthatapply)

- ☐ Never
- ☐ Atfamilyoption
- ☒ Anytimethefamilyexperiencesanincomeincrease
- ☐ Anytimea familyexperiencesanincomeincreaseaboveathresholdamountor  
percentage:(ifselected,specifythreshold)\_\_\_\_\_
- ☐ Other(listbelow)

- g. ☐ Yes ☒ No:DoesthePHAplantoimplementindividualsavingsaccountsfor  
residents(ISAs)asanalternativetotherequired12month  
disallowanceofearnedincomeandphasinginofrentincreasesin  
thenextyear?

**(2)FlatRents**

1. Insettingthemarket -basedflatrents,whatsourcesofinformationdidthePHAus eto  
establishcomparability?(selectallthatapply.)

- ☒ Thesection8rentreasonablenessstudyofcomparablehousing
- ☐ Surveyofrentslistedinlocalnewspaper
- ☐ Surveyofsimilarunassistedunitsintheneighborhood
- ☐ Other(list/describbelow)

**B.Section8Tenant -BasedAssistance**

## **(1) Payment Standards**

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☒ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☒ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☒ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☒ \$0
- ☐ \$1-\$25
- ☐ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C (2)

### A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

### B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	52	13
Section 8 Vouchers	675	240
Section 8 Certificates	NA	NA
Section 8 Mod Rehab	53	13
Special Purpose Section 8 Certificates/Vouchers	Mainstream 50 SCF Program 5 WCSP Program 5	10

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

Public Housing Maintenance: (list below)

- (1) Blood-Borne Diseases
- (2) Facilities Use
- (3) Hazardous materials
- (4) Maintenance
- (5) Natural Disaster Response
- (6) Pest Control

Section 8 and Public Housing Management: (list below)

- 1) Capitalization



- 2) CheckSigning
- 3) CriminalRecords
- 4) Disposition
- 5) Drug-FreeWorkplace
- 6) EqualHousingOpportunity
- 7) FundsTransfer
- 8) Investment
- 9) Procurement

## **6. PHAGrievanceProcedures**

[24CFRPart903.79(f)]

Exemptionsfromcomponent6:HighperformingPHAsarenotrequiredtocompletecomponent6.Section 8-OnlyPHAsareexemptfromsub -component6A.

### **A. PublicHousing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFRPart966, Subpart B, for residents of public housing?
2. Which PHA offices should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
  - ☒ PHA main administrative office
  - ☐ PHA development management offices
  - ☐ Other (list below)

### **B. Section 8 Tenant -Based Assistance**

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant -based assistance program and informal hearing procedures for families assisted by the Section 8 tenant -based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
  - ☒ PHA main administrative office
  - ☐ Other (list below)

## **7. Capital Improvement Needs**

[24CFRPart903.79(g)]

## **A.CapitalFundActivities**

### **(1)CapitalFundProgramAnnualStatement**

Selectone:

☒ TheCapitalFundProgramAnnualStatementisprovidedasanattachmenttothe PHAPlanonpage41.

-or-

☐ TheCapitalFundProgramAnnualStatementisprovidedbelow:(ifselected, copytheCFPAnnualStatementfromtheTableLibraryandinsertthere)

### **(2)Optional5 -YearActionPlan**

a. ☒ Yes ☐ No:Is the PHA providing an optional5 -YearActionPlanfor theCapital Fund?(ifno,skiptosub -component7B)

b.If yes to question a, select one:

☒ TheCapitalFundProgram5 -YearActionPlanis provided as an attachment to the PHAPlanonpage45.

-or-

☐ TheCapitalFundProgram5 -YearActionPlanis provided below:(ifselected, copytheCFPOptional5YearActionPlanfromtheTableLibraryandinsertthere)

## **B.HOPEVIandPublicHousingDevelopmentandReplacement Activities(Non -CapitalFund)**

- ☐ Yes ☒ No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPEVI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPEVI revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24CFR Part 903.79(h)]

1. ☐ Yes ☒ No: DoesthePHAplantoconductanydemolitionordisposition activities(pursuanttosection18oftheU.S.HousingActof1937 (42U.S.C.1437p))intheplanFiscalYear? (If“No”,skipto component9;if“yes”,completeoneactivitydescriptionforeach development.)

2.ActivityDescription

- ☐ Yes ☐ No: HasthePHAprovidedtheactivitiesdescriptioninformationinthe **optional**PublicHousingAssetManagementTable?(If“yes”,skip tocomponent9.If“No”,completetheActivityDescriptiontable below.)

Demolition/DispositionActivityDescription	
1a.Developmentname:	
1b.Development(project)number:	
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3.Applicationstatus(selectone) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>	
4.Dateapplicationapproved,submitted,orplannedforsubmission: (DD/MM/YY)	
5.Numberofunitsaffected:	
6.Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment	
7.Timelineforactivity: a.Actualorprojectedstartdateof activity: b.Projectendddateofactivity:	

**9. DesignationofPublicHousingforOccupancybyElderlyFamiliesor FamilieswithDisabilitiesorElderlyFamiliesandFamilieswith Disabilities**

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

## 10. Conversion of Public Housing to Tenant -Based Assistance

[24CFRPart903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessment of Reasonable Revitalization Pursuant to Section 202 of the HUD  
FY1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHA completing streamlined submissions may skip to component 11.)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24CFR Part 903.79(k)]

**A. Public Housing**

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z -4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

## B. Section 8 Tenant Based Assistance

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

## 12. PHA Community Service and Self -sufficiency Programs

### A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- ☐ Yes ☒ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☐ Client referrals  
☒ Information sharing regarding mutual clients (for rent determinations and otherwise)  
☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families  
☐ Jointly administer programs  
☐ Partner to administer a HUD Welfare-to-Work voucher program  
☐ Joint administration of other demonstration program  
☐ Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any, of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies  
☐ Public housing admissions policies  
☐ Section 8 admissions policies  
☐ Preference in admission to section 8 for certain public housing families  
☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA  
☐ Preference/eligibility for public housing homeownership option participation  
☐ Preference/eligibility for section 8 homeownership option participation  
☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip



to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

## **(2) Family Self Sufficiency program/s**

### **a. Participation Description**

<b>Family Self Sufficiency (FSS) Participation</b>		
<b>Program</b>	<b>Required Number of Participants (start of FY 2003 Estimate)</b>	<b>Actual Number of Participants (As of: 09/30/02)</b>
Public Housing		
Section 8	0	15

- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plan to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and training staff to carry out those policies
- ☐ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

## **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.79(m)]

### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower -level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug -related crime
- ☐ Other (describe below)

2. What information or data did the PHA use to determine the need for PHA action to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/antidrug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

Our Coos Bay and Coquille units.

## **B. Crime and Drug Prevention activities the PHA has undertaken or plan to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plan to undertake: (select all that apply)

- ☐ Contracting without side and/or resident organizations for the provision of crime and/or drug -prevention activities -
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at -risky youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

### C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug -elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

1. Which developments are most affected? (list below)

Coos Bay and Coquille.

### D. Additional information as required by PHDEP/PHDEP Plan

- ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? NA
- ☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY2003 in this PHA Plan? NA
- ☐ Yes ☒ No: This PHDEP Plan is an Attachment. NA

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.79(n)]

## **15. Civil Rights Certifications**

Civil rights certifications are included in the PHA Plan Certification of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24CFRPart903.79(p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)? \_\_\_\_\_

## **17. PHA Asset Management**

[24CFRPart903.79(q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan? -
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☒ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☒ No: Has the PHA included a description of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24CFRPart903.79(r)]

### **A. Resident Advisory Board Recommendations**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

☐ Attached at Attachment (Filename)

☒ Provided below:

No comments received.

3. In what manner did the PHA address those comments? (select all that apply)

☐ Considered comments but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:

☒ Other: Not applicable, no comments received.

### **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was there a resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.) As of submission date, there are -

### **C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Oregon

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  
- ☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

#### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **AttachmentA -1**

Use this section to provide any additional attachments referenced in the Plans.

### **Component 3,(6) Deconcentration and Income Mixing**

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

## **AttachmentA -2**

### **Section 8 Homeownership Capacity**

The Coos -Curry Housing Authority selects Criterion 3: CCHA has the capacity or will acquire the capacity to successfully operate a Section 8 homeownership program. We have been working with the Umpqua Community Development Corporation, who performs program activities for the Housing Authority of Douglas County. They are the OHCS Regional Housing Center and have access to funds and technical assistance regarding the OHCS homeownership programs.

## **Attachment B**

### **Component 10(B) Voluntary Conversion Initial Assessments**

- a) How many of the PHA's developments are subject to the Required Initial Assessments?      One
- b) How many of the PHA's developments are not subject to the Required Initial Assessments based upon exemptions?      Zero.
- c) How many Assessments were conducted for the PHA's covered developments?      One.
- d) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

<b>Development Name</b>	<b>Number of Units</b>
2-2 Scatter ed sites	52

- a) If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:      NA.

The Coos -Curry Housing Authority assessed the financial viability of converting their public housing units to Section 8 based and concluded that this conversion was not financially viable.

The average monthly operating cost for a CCHA public housing unit is \$446.

<b>Expense</b>	<b>Cost</b>
Admin	97
O&M	142
General	22
Cap Fund	185
Total	446

The weighted monthly cost of administering the Section 8 program, based upon the public housing bedroom distribution, is \$710.

Therefore, it is clearly not financially viable to consider conversion now.





AttachmentD

PET RULES  
AGREEMENT

**Domestic pets MUST BE PRE-APPROVED by the HOUSING PROGRAMS MANAGER and ALL relevant paperwork completed and the pet registered with the HA PRIOR to move-in or PRIOR to obtaining the pet.** (North Bend City/Coos Curry Housing Authority, is referred to as the **HA**.)

The purpose of this Agreement is to allow individual tenants to benefit from the pleasure of common household pet ownership, while at the same time ensuring that pet ownership does not interfere with the rights of all tenants to clean, quiet, and safe surroundings. Tenants shall abide by all the regulations of the Authority, respecting the care and control of such animals.

**Failure to properly register and provide required documentation of the proposed pet PRIOR to a pet being brought into the Resident's apartment shall result in the initiation of an action to remove the pet and to evict the Resident.**

A history of destructive behavior or damage to the premises will be grounds for denial of authorization. The **HA** must approve each type of pet and a limit on the number of pets per dwelling will be imposed at the discretion of the **HA**.

**Types of animals shall be limited to the pets listed below:**  
(Novicious, dangerous or poisonous animals are permitted to be kept by tenants.)

1. Fish aquarium or bowl (not to exceed 20 gallons);
2. Two small caged birds;

3. One dog (excluding German Shepherd, Rottweiler, Doberman Pinscher, Pit Bull, Chow, Spitz);
4. One cat;
5. Two turtles (to be kept in an aquarium)
6. Two Guinea Pigs or two Hamsters or two Gerbils. The two animals must be of the same sex or one of them needs to be neutered.

## **RULES**

1. Resident(s) agree to have no more than **ONE DOG** or **ONE CAT**.
  2. The Resident accepts full responsibility and indemnifies the landlord for any claims by or injuries to third parties or their property caused by or as a result of actions by their pet. It is strongly recommended that Residents who own a dog or cat purchase a personal liability insurance policy (renter's insurance) from an insurance carrier of their choice.
  3. **Residents** will be required to pay a **refundable pet deposit** upon execution of this agreement as follows: \$100 one bedroom unit; \$150 two bedroom unit; \$200 three bedroom unit; \$250 four bedroom unit. This deposit will be fully refundable at the time Resident moves or disposes of the pet provided no pet-related damage has been done to **HA** property or costs incurred for pet disposition. Sums necessary to repair such damage will be deducted from the deposit.
- Resident** is required to pay a \$100.00 **non refundable fee** upon execution of this agreement for flea and/or other pest fumigation, deodorization, carpet cleaning, stain removal prior to keeping a pet in a unit.
4. All male dogs or cats **MUST** be neutered.
  - All female dogs or cats **MUST** be spayed.
  - All dogs **MUST** be housebroken.

All cats **MUST** be trained to use a litter box or other waste receptacle.

Dogs will not be allowed to roam free. Roaming animals will be referred to the local Animal

Control Authority. **Dogs must be on a leash at all times when outside the rental unit and Resident shall have control over said animal at all times.**

No animal may be tied up outside the unit, in the **Resident's** side yard or to the building or structures on **HA** property. **DOGS** or **CATS** cannot be left unattended in the unit for more than 10 continuous hours.

5. Your animal cannot be vicious, dangerous or poisonous or be a nuisance which is complained about by other **Residents**, neighbors in surrounding neighborhoods, or the **HA** staff.

**Nuisance considerations will include:** barking dogs, howling cats, biting cats, orbiting dogs, aggressive dogs which intimidate **Residents**, visitors or **HA** staff. If the

**Resident** does not abide by the **Pet Policy** Authorization to keep a pet may be revoked.

The **HA** may require the tenant to remove the pet from the home or to vacate the unit.

When the animal becomes vicious, displays symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole,

**Resident** will remove the pet immediately. If said pet is not removed immediately, the **HA** will initiate action to remove the pet and to evict the **Resident**.

A pet owner may be liable for any injury or damage his/her pet causes to the person or property of another **Resident**, or **HA** visitor. It is strongly recommended that **Residents** who own a dog or cat purchase a personal liability insurance policy (renter's insurance) from an insurance carrier of their choice.

6. Only breeds of dogs that are suitable to be around children will be permitted. **Adult dogs over 15 inches** at the back when standing or **exceeding 20 pounds** are not desirable or reasonable and **will not be permitted**.

An **adult cat** may weigh a **maximum of 15 pounds** .

7. Traditional farm animals are not permitted to be retained as 'domestic' animals, i.e. rabbits, chickens, potbelly pigs, ducks. **ABSOLUTELY – NO REPTILES** with the exception of two turtles.

8. You must provide documentation that your pet has met local animal licensing requirements including inoculations on a yearly basis from a veterinarian.

9. Tags identifying the animal's owner must be worn by dogs (and cats, if possible).

10. Pets must be fed only inside of the **Resident's** unit.

11. You will be responsible for caring for your own animal, this includes cleanup of its waste. All animal waste is to be immediately picked up by the **Resident** and promptly disposed of in a sealed plastic bag, and then promptly placed in a proper trash can or dumpster located on

site. Litter from litter boxes, or litter from cages, must be disposed of in the same manner as animal waste. Litter collected in a box or cage must be properly disposed of often enough to keep the unit free of odors and must be disposed of at least twice a week. It is not permitted to dispose of pet waste in any garbage chute or toilet. If the **HA** cleans up animal waste from a **Resident's** property, that **Resident** will be charged.

12. **Resident** is responsible for both indoor and outdoor damage to **HA** property caused by their animal; this includes elimination of possible flea infestation your animal introduce to your apartment. **Resident** will also be liable for damage their animal does to other **Residents** property.

**Resident** must allow the **HA** to inspect the unit for the purpose of determining compliance with the **Pet Policy**.

13. No **Resident** will be cruel to another **Resident's** animal. Children shall not be allowed to bother or provoke another **Resident's** animal.

14. No **Resident** will feed stray animals.

15. The **Resident** will understand the responsibilities and obligations connected with keeping an animal, and will be responsible for any damage, mess, complaints, injury or property loss caused by the animal.

### **RIGHT TO REFUSE REGISTRATION OF A PET:**

The **HA** shall refuse to register a pet for the following:

1. If the pet is not a common household pet.
2. If the keeping of the pet would violate any **HA** applicable pet rule.

3. If the **Resident** fails to provide complete pet registration information or fails to annually update the pet registration.
4. If the **HA** determines the **Resident** will be unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered a factor in determining the **Resident's** ability to comply with the **Pet Rules** and other **Rental Agreement** obligations.

**FAILURE TO MEET ANY OF THESE OBLIGATIONS WILL BE CAUSE TO FIND ANOTHER HOME FOR YOUR ANIMAL, A LEASE TERMINATION OR EVICTION, IF NECESSARY.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**RESIDENT**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**RESIDENT**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**OCCUPANCY SPECIALIST**

Public housing residents use this checklist to comply with our policy.

## PET CHECKLIST

I/We understand that I/we must have the North Bend City/Coos Curry Housing Authorities (hereinafter referred to as the HA) permission prior to owning a pet.

### REGISTRATION WITH HA:

Yes \_\_\_ No \_\_\_ Refundable Pet deposit paid in full  
Yes \_\_\_ No \_\_\_ Non -Refundable Pet deposit paid in full  
Yes \_\_\_ No \_\_\_ Secondary Caretaker  
Yes \_\_\_ No \_\_\_ Signed Request for Ownership of Pet  
Yes \_\_\_ No \_\_\_ Signed Pet Rules/Agreement  
Yes \_\_\_ No \_\_\_ Recent Color Photo of Pet (must be attached to this checklist)  
Yes \_\_\_ No \_\_\_ License Tag # \_\_\_\_\_

### CERTIFICATION:

Yes \_\_\_ No \_\_\_ Animal neutered or spayed

### Current with all inoculations for dogs and cats:

#### DOGS:

Yes \_\_\_ No \_\_\_ Distemper Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Parvo Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Hepatitis Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Parainfluenza Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Rabies Date: \_\_\_\_\_

#### CATS:

Yes \_\_\_ No \_\_\_ Distemper Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Rabies Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Rhinotracheitis Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Calicivirus Date: \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Panleukopenia Date: \_\_\_\_\_



### **AttachmentE -1**

No residents volunteered to become a board member. Subsequently, CCHA appointed all residents to the RAB. There were no comments from the Resident Advisory Board.

### **AttachmentE -2**

Currently, there are no residents on the CCHA governing board. Two viable candidates applied for the position but subsequently one moved out of public housing and the other candidate's health deteriorated to the point where she could not serve. According to our policy, we next must contact all Section 8 voucher holders and offer them the position. At the time of this submission, no Section 8 participant has volunteered. CCHA will continue to pursue these avenues until a resident commissioner has been appointed.

### **AttachmentE -3**

<b>5-Year Goal or Mission</b>	<b>Current Status</b>
Apply for additional vouchers	Will apply if available
Reduce PH vacancies	100% occupied
Acquire units	20-unit purchase in progress
Build units	8-unit development in progress
Increase PHAS score	Increased from 89 to 94
Conduct landlord outreach	Ongoing
Promote self-sufficiency	FSS and ROSS programs
EEO in housing	Ongoing



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Coos - Curry		Grant Type and Number Capital Fund Program Grant No: OR16P02050103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	10,000			
3	1408 Management Improvements				
4	1410 Administration	10,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	110,000			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	130,000			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Coos - Curry		Grant Type and Number Capital Fund Program Grant No: OR16P02050103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: Coos-Curry		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: OR16P02050103 ReplacementHousingFactorGrantNo:				<b>FederalFYofGrant: 2003</b>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev. AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWide	Operationalcosts	1406		10,000				
HAwide	AdministrationofCFP	1410		10,000				
20-2	ReplacesidingofCoquilleunits	1460	22	110,000				
	TOTAL			130,000				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHANameCoos -Curry				<input checked="" type="checkbox"/> Original5 -YearPlan	
				<input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:20 04	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2005	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
20-2		130,000	130,000	130,000	130,000
CFPFundsListedfor 5-yearplanning		130,000	130,000	130,000	130,000
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivit ies**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2004 PHAFY:2004		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
<b>See</b>	<b>20-2</b>	<i>Sidingforallunits PortOrfordunits(10)</i>	35,000	<i>HAwide</i>	<i>Newmaintenance vehicle</i>	25,000
<b>An</b>						
<b>nual</b>						
<b>Statement</b>	<b>20-2</b>	Kitchencabinetsfor26 units	95,000	<b>20-2</b>	<i>Newkitchenand bathroomcabinets for26units</i>	105,000
TotalCFPEstimatedCost			\$130,000			\$130,000



CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

ActivitiesforYear:4 FFYGrant:2005 PHAFY:2005			ActivitiesforYear:5 FFYGrant:2006 PHAFY:2006		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
20-2	Newheatingsystem for 26units	130,000	20-2	Newheatingsystemfor 26units	130,000
TotalCFPEstimatedCost		\$130,000			\$130,000

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Coos - Curry		Grant Type and Number Capital Fund Program Grant No: OR16P02050102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	59,947		59,947	59,947
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,700		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	67,500		0	0
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Coos - Curry		Grant Type and Number Capital Fund Program Grant No: OR16P02050102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	130,147		59,947	59,947
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Coos-Curry			<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P02050102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAwide	Operations	1406		59,947		59,947	59,947	Complete
20-2	Fees and Costs	1430		2,700		0	0	Summer03
20-2	Re-siding Coos Bay units	1460		67,500		0	0	Summer03
TOTAL				130,147		59,947	59,947	

## AnnualStatement/PerformanceandEvaluationReport

**CapitalFundProgra mandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

## Part III: Implementation Schedule

[illegible]



Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Coos - Curry		Grant Type and Number Capital Fund Program Grant No: OR16P02050101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	87,924		87,924	87,924
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable	50,000		36,422	36,442
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	137,924		124,346	124,346
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Coos -Curry		Grant Type and Number Capital Fund Program Grant No: OR16P02050101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Coos-Curry			<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P02050101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAwide	Operations	1406		87,924		87,924	87,924	Complete
20-2	Replacement of appliances and other upgrades	1465.1		50,000		36,442	36,442	Bid phase on last items
	TOTAL			137,924		124,346	124,346	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

